PLACE OF BIRTH  1. County of LLA	ARIZONA STATE BO	ARD OF HEALTH
District of Eloke Town of Eloke	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH	State Index No. 38  County Registrar No. 39  Local Registrar No. 29  St. Ward
2. Full name of child Ravid	(If birth occurred in a hospital or institution, give	its NAME instead of street and number)  j If child is not yet named, make / supplemental report, as directed.
3. Ser of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other 6. Legitimate?  5. No., in order of birth 463	7. Date Jeh. 15 19 2V Month day year
8. PATHER Full name Monrico In	II. (/	MOTHER uwjen Sedillo
9. Residence (Usual place of abode) If nonresident, give place and state	15. Residence	abode) place and state Flohe, ary.
10. Color or race	birthday 305 (Years) Mexican	U
12. Birthplace (city or place) Seon (State or country) Mew	getown 18. Birthplace (city or Mexico (State or country	man leserne
13. Occupation  Nature of industry Labo	19. Occupation Nature of industry	Honsewije
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead. 2 thalse	precautions taken against eph- ia neonatorum?
CERTIFIC I hereby certify that I attended the birth of	ATE OF ATTENDING PHYSICIAN OR MI  this child, who was (Born alive or stillborn.)	DWIFE*  at/2:20 cm. on the date above stated.
is one that neither breathes nor shows of	or te. Signature	mona
Month, day, yes	ir. Filed 3/9 1050	County Registrar,